

do not stimulate retraction of the uterine muscle, and this is the most important because without the dilatation and retraction of the cervix the head cannot advance and labor cannot go on. It is not uncommon experience in the induction of labor with bags to find that when a bag is expelled or removed the cervix is surprisingly little opened. The fetal head cannot descend far when a bag is used as the bag occupies a great portion of the cervix. The reviewer much prefers to induce labor by the use of bougies. If these are inserted under gas anesthesia an opportunity is given to dilate the cervix considerably with the fingers, to separate the membranes from the cervix and lower segment and thus to prepare for the dilatation of the cervix and its retraction. Two bougies rarely fail to bring on labor efficiently, while in cases in which time cannot be lost the reviewer has inserted three bougies, with very good results. The bougie tends distinctly to a softening of the cervix because its presence acting as an irritant to the uterine muscle produces not only dilatation and retraction, but also stimulates the secretion of the muciferous glands in the cervix.

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## GYNECOLOGY

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UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA,

AND

FRANK B. BLOCK, M.D.,

INSTRUCTOR IN GYNECOLOGY, MEDICAL SCHOOL, UNIVERSITY OF  
PENNSYLVANIA, PHILADELPHIA.

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**Varicose Veins of the Female Pelvis.**—Perhaps no other subject in the large field of gynecology has been treated so negligently as the one on varicose veins of the female pelvis. This subject has, however, received considerable attention at the hands of EMGE (*Surg., Gynee. and Obst.*, 1921, xxxii, 133), who states that the symptomatology centers around one point, and that is the pain complained of and which must be carefully analyzed. One usually hears that beginning with a definite time there have appeared either bilateral or unilateral, usually left-sided pains of a dull, deep, aching character felt low down in the abdomen which grow worse on long standing and are relieved quickly when the patient assumes the recumbent position. This one complaint is just as typical for women as it is for men who suffer from varicocele and to which the condition in the female has been likened. If sufficient attention is paid to this point the history becomes suggestive enough to make the examiner look for these veins. All of the other symptoms are obscure and may hold good for almost any pelvic disturbance. There is commonly a sense of heaviness in the pelvis and the patient often

suffers from constipation. As the patient is usually examined in the recumbent position her veins are well drained and, therefore, they are not palpable. One would never fail to examine a man standing up if he would complain of anything pointing to trouble anywhere around the genital organs but custom has made the recumbent examination in women a standard. If one will take the trouble to examine the patient by rectovaginal touch in the recumbent position and then have the patient drop her legs and raise her upper body, the author believes that it is often as easy to feel these veins in the female as in the male, for the veins will fill quickly and bring out the dilatation and tortuosity in the shape of an easily compressible and doughy tumor that is much less tender than either an inflamed or an ectopic tube. The tumor will disappear again when the patient resumes the recumbent position. Furthermore, the author believes that ovarian varicosities are frequently overlooked during exploratory operations for pelvic disturbances, because the habit of having the patient put into the Trendelenburg position before the incision is made is quite common, thus putting the veins in the most favorable position for good drainage. Considering the treatment of this condition, if the distention of the ovaries or uterine venous units is directly traceable to constipation, the first principle naturally must be to regulate the bowel and if visceral ptosis is present a proper abdominal support must be added. During the period of no conservative treatment it is essential that the patient keep off her feet as much as possible so that the veins of the broad ligament may be in the most favorable position for free flow and all sexual excitement should be prohibited. Hot douches should not be given as they increase congestion, but slow lukewarm douches with 2 or 3 per cent. of menthol and 5 per cent. of alum will produce a pleasant cooling effect. When the veins have distended to such a degree that one must suppose that they cannot return to normal, operative procedures must be considered. The author does not advise resection of the distended veins nor resection of cystic ovaries, as the number of symptomatic relapses that he has obtained is sufficiently large to indicate that suspending operations, if carried out properly and in conjunction with uterosacral shortening, will give the desired result in the cure of varicose veins of the broad ligaments and of the ovarian veins in particular.

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**Tuberculous Salpingitis.**—An analytical review of 200 cases of tuberculous salpingitis that were observed in the gynecological department of the Johns Hopkins Hospital has been presented by GREENBERG (*Bull. Johns Hopkins Hosp.*, 1921, xxxii, 52), as a result of which he has been able to draw some rather interesting and instructive deductions. It was noted that tuberculosis of the tube occurred in nearly 1 per cent. of all women admitted and was found one and one-half times as frequently among the colored women as among the whites. Out of every 13 abnormal tubes removed at operation, one was tuberculous and nearly three-fourths of the patients who had tuberculous salpingitis were between twenty and forty years of age, while 60 per cent. of the married patients were sterile. A family history of tuberculosis was reported in 22.5 per cent. while in an additional 2.5 per cent. the con-